



Doctor of Divinity Ministry Application

*Order of Franciscans of the Eucharist
Abbey of Saint Mary Theotokos*

Doctor of Divinity Ministry Application

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Website: _____

Single: _____ Married: _____ Separated: _____ Divorced: _____ Widowed: _____

Ministry: _____

Education:

Academic Degrees Earned:

1. Institution: _____ Degree: _____ Date: _____

2. Institution: _____ Degree: _____ Date: _____

3. Institution: _____ Degree: _____ Date: _____

Declaration (initial):

_____ I declare that the above information is correct and accurate.

Authorization (initial):

_____ I authorize the Order of Franciscans of the Eucharist to verify any information listed above.

Disclaimer (initial):

_____ I understand that the Order of Franciscans of the Eucharist Abbey of Saint Mary Theotokos does not assume any legal responsibility to the Doctor of Divinity Program applicant.

Signature of Applicant: _____ Date: _____

Email OFE Completed Doctor of Divinity Program Application To: Info@FranciscansEucharist.org

This Space for Administration Use Only:

Date Application Received: _____

Ordination Certificate or Letter: ___ Yes ___ No

Curriculum Vitae or Résumé: ___ Yes ___ NO

Humanitarian Charity Fee Received: ___ Yes Date: _____

Date Approved: _____

Date Diploma Sent: _____